



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH COMMUNITY CORRECTIONS BUREAU
DRUG TESTING MONTHLY REPORT

Month/Year: _____
Region: _____
Parole Officer: _____

Number of Youth tested: _____ Number of Tests done: _____

Number of Positive Results for Drug Use: _____ Number of Negative Results: _____

Percentage of Positive Results for Drug Use 0% Percentage of Negative Results 0%

Types of Drugs detected: _____

Number of Positive Results for Alcohol: _____ Percentage of Positive Results for Alcohol 0%

Number of Youth admissions of use: _____ Number of tests done as a result of admission: _____

Number of tests at Random: _____ Number of tests For-Cause: _____

Number of Revocations: _____ Number of Incident Reports involving drug use: _____

Number of Intervention Agreements: _____

Number of Other Sanctions: _____

Number of Total Sanctions for drug use: 0

Comments: _____

